



DECLARATION FOR PATENT APPLICATION

Docket Number: BIV-052.02

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Composition for Treating or Preventing Peripheral Neuropathies

the specification of which (check one): ☒ (X) is attached hereto.
☐ () was filed on _____ as United States Application Number
or PCT International Application Number _____, and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States Provisional application(s) listed below.

_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>09/187.387</u>	<u>November 6, 1998</u>	_____
(Application Number)	(Filing Date)	(Status: patent, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status: patent, pending, abandoned)

I hereby appoint Beth E. Arnold, Reg. No. 35,430; Paula Campbell, Reg. No. 32,503, Charles H. Cella, Reg. No. 38,099; Isabell M. Clauss, Reg. (see attached); Edward J. K Ily, Reg. No. 38,936; Donald W. Muirhead, Reg. No. 33,978; Chinh Pham, Reg. No. 39,329; Anne Saturnelli, Reg. No. 41,290; Diana Steel, Reg. No. 43,153, Wolfgang Stutius, Reg. No. 40,256; Kingsley Taft, Reg. No. 43,946; Matthew P. Vincent, Reg. No. 36,709; and Anita Varma, Reg. No. 43,221 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Matthew P. Vincent at telephone number (617) 832-1000.

Address all correspondence to: Patent Group
Foley, Hoag & Eliot LLP
One Post Office Square
Boston, Ma. 02109-2170

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Alphonse Galdes

[Signature] 2/4/00
Inventor's signature Date

One Douglas Road, Lexington, MA 02173 U.S. MALE
Residence Citizenship

Post Office Address

Full name of second joint inventor, if any (given name, family name):

Inventor's signature Date

Residence Citizenship

Post Office Address

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Full name of sole or first inventor (given name, family name): _____

Inventor's signature

Date

Residence

Citizenship

Post Office Address

.....
Full name of second joint inventor, if any (given name, family name): Nagesh Mahanthappa

Nagesh Mahanthappa
Inventor's signature

2/9/2000
Date

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